INTRODUCTION

There are an estimated 96,000 women over the age of 15 living with HIV in Ukraine.1

HIV prevalence in 2015 among: Adolescent girls and young women (AGYW) aged 15-24: 0.27% Female sex workers (FSW): 7.0%

The National Targeted Social Programme on HIV/AIDS for 2014–2018 focuses on implementing prevention strategies for most-at-risk individuals, and ensuring access to testing, care and social support services for people living with HIV.2 The Alliance for Public Health aims to develop HIV prevention programmes for people who inject drugs and sex workers in alignment with the National Programme.3

WHY did we do the Transitions Study?

Programmes for AGYW sometimes lack the best strategy to reach those at highest risk. Meanwhile, established programmes for female sex workers (FSW) often do not reach young sex workers. In the Transitions Study, we sought to better understand the risk and vulnerabilities of AGYW, including young sex workers to inform the strategic design and expansion of HIV prevention programmes in Ukraine.

WHAT did we investigate?

- Ecologies of risk - or how vulnerabilities and HIV/STI risk overlap – in AGYW who engage in casual sex, transactional sex, and sex work; the context of sexual practice and partner dynamics, alcohol and drug use, and the experience of violence
- Overlap in places were AGYW seek or meet sex partners
- Characteristics and length of the Transition Period (i.e. time from first sex to self-declared entry into sex work) and the Access Gap (i.e. time from entry into sex work entry and first time reached by an FSW programme)
- Gaps in access to services during the Transition Period

Extent to which failing to prevent HIV infections during the Transition Period and Access Gap undermine the health and HIV transmission impact of prevention programmes at a population level

Risks of HIV/STIs by length and characteristics of the Transition Period and Access Gap

Potential benefits to population health and HIV prevention of expanding programmes to reach AGYW during the Transition Period and Access Gap, and focusing on ecologies of risk

REFERENCES

Cross-sectional behavioural and biological survey of 1,814 AGYW between age 14 and 24 years, residing in Dnipro city, Ukraine

Innovative geographic mapping to locate and estimate the number of AGYW who seek sex partners in locations traditionally considered as sex work venues ("hotspots")

Qualitative (key informant) interviews

Sequencing of HIV and Hepatitis C virus (HCV)

Mathematical modeling of HIV/HCV transmission

**HOW did we investigate?**

**WHAT did we find?**

**HIV and HCV prevalence**

- HIV prevalence higher than expected (Figure 1)
  - 1 in 10 FSW is living with HIV

- HCV prevalence higher than expected (Figure 1)
  - More than 1 in 3 FSW have HCV
  - 1 in 10 non-FSW have HCV

**Figure 1: HIV and HCV Prevalence**

<table>
<thead>
<tr>
<th>Women aged 14 to 24 (years)</th>
<th>HIV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>5%</td>
<td>17%</td>
</tr>
<tr>
<td>Casual</td>
<td>3%</td>
<td>9%</td>
</tr>
<tr>
<td>Transactional</td>
<td>3%</td>
<td>11%</td>
</tr>
<tr>
<td>FSW</td>
<td>10%</td>
<td>38%</td>
</tr>
</tbody>
</table>

**Figure 2: HIV and HCV prevalence by age group**

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>HIV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-18</td>
<td>5%</td>
<td>14%</td>
</tr>
<tr>
<td>19-20</td>
<td>4%</td>
<td>18%</td>
</tr>
<tr>
<td>21-22</td>
<td>6%</td>
<td>16%</td>
</tr>
<tr>
<td>23-24</td>
<td>4%</td>
<td>20%</td>
</tr>
</tbody>
</table>

- Most AGYW became infected with HIV and HCV at an early age (before age 18-20) (Figure 2)

**Burden of early and ongoing sexual, reproductive and structural vulnerabilities**

**Education level among AGYW over the age of 18:**

- 25 % did not complete general secondary education
- 51% FSWs received less than secondary education and do not currently study

**The first time an AGYW had sex:**

- One in 8 had a first sexual partner who was at least 10 years older
- Over 1 in 6 (17.4%) received money or gifts
- Over half of the time, a condom was not use at first sex
**Transition period and access gap**

- **First Sex**
  - Median Number of Years: 3
  - Median Number of Years if Money was Exchanged During First Sex: 2.5

- **Self-identify as FSW**
  - First Entered Sex Work
  - Self-reported Duration in FSW

- **Contact with Prevention Programme**
  - Median Number of Years: 1

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**Sexual and physical violence**

- 15% had experienced physical violence at least once in their lifetime
- Almost 2 in 3 women were forced to have sex by their first sex partner (63.3%)

**Substance use**

- Alcohol consumption is common
  - AGYW:
    - 31% had sex while drunk in the last month
    - 23.6% used illicit drugs
    - 5.7% had ever injected drugs

**Poor access to HIV/STI prevention programmes**

- 75.5% of FSW had never had contact with an FSW programme
- Rate of first contact with FSW programme was 0.3 per person years in sex work

**HIV and HCV testing gaps**

- Less than half (44.6%) had ever been tested for HIV
  - One in 3 (34.8%) received an HIV test in the past year
  - Testing was least common among those participating in casual sex

- Overall, only 23.1% of individuals had ever been tested for HCV
  - Similar to HIV, testing was least common among those participating in casual sex
  - 61% of individuals who have injected drugs had ever been tested for HCV
  - Over 1/3rd of those who have injected drugs had been tested for HCV over the last year

**Risks and places where AGYW seek partners**

- There are 279 active hotspots where FSW meet clients
- There is little overlap in who hangs out at the hotspots: AGYW engaged in casual or transactional sex can be found in only 6% of sex work hotspots
Strategically prioritize HIV/STI and HCV prevention programmes for girls focusing on vulnerabilities associated with age, location, subpopulation and risk. Focus on girls who:

- Are less than 18 years of age
- Frequent hotspots to meet sex partners
- Self-identify as a sex worker
- Have high vulnerabilities (more sex partners, condomless sex, experience violence, etc.)

Deliver a comprehensive package of sexual and reproductive health and structural interventions using venue-based approaches targeted to individual risk and needs. This package of services should:

- Reach more most-at-risk AGYW
- Build on promotional strategies around condom use and improve access to condoms
- Enhance skills in condom negotiation and use, and in self-awareness of vulnerabilities and HIV risk
- Encourage and normalize HIV testing among AGYW
- Encourage HIV testing at younger age as permissible by current policy
- Screen for violence and prevent and respond to violence
- Reduce the negative consequences surrounding alcohol use
- Transform spaces including but not limited to hotspots to be safer for girls
- Integrate reproductive health needs including unmet contraceptive needs, pregnancy care and post-abortion care
- Address economic empowerment issues
- Create positive opportunities to foster empowerment and solidarity

Develop policy to:

- Integrate sexual and reproductive health services with HIV services for AGYW
- Establish effective linkages within HIV testing services to HIV care and other comprehensive programmes for AGYW
- Ensure scale up of youth friendly services within existing health services
- Revise frequency of HIV testing among FSW
- Advocate and promote HIV testing for AGYW

Consolidate efforts with:

- Educational institutes, with the aim to review and enrich existing educational programmes on sexual health
- Business managers of formal sex work operations to ensure safe working conditions, access to and engagement with prevention programmes
- Youth programmes to access AGYW who are looking for transactional and casual sex partners in non sex work locations